Questionnaire for Public Trust Positions

OMB No. 3206–0258 Form: SF 85P

Interactive/Branching Electronic Questionnaire

Questionnaire Content Guide

(DRAFT for 30 Day Notice)

General Electronic Form Notes/Notices (all Sections)

The questions/content captured in this document are intended to display what data will be captured from the subject and the questions to be presented based on the subject's responses during data capture.

Question numbering and "electronic form navigation notes" have been made throughout this form to help facilitate review and navigation. These items are subject to change based on the data collection or processing systems this form may be implemented in. Additionally numbering and electronic form notes are not to be considered part of the content of the form. Only the section numbers are applicable as the official numbering for this form.

Screens may vary based on html style formatting, java scripting, data capture formatting, system functionality, validation, and navigation. Systems that are used for the collection of the "Questionnaire for Public Trust Positions (SF 85P)" data for investigative purposes are subject to OMB review and approval.

Dropdown lists throughout this form (such as listings of countries, document types, etc.) are subject to change based on changes or requirements of federal information processing standards and other updates/changes to pertinent information collection, consistent with approved content.

OFFICE OF PERSONNEL MANAGEMENT

Ouestionnaire for Public Trust Positions, SF 85P

Ouestionnaire for Public Trust Positions

Follow instructions completely or your form will be unable to be processed. If you have any questions, contact the office that provided you the form.

All questions on this form must be answered completely and truthfully in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. If you are a current civilian employee of the federal government: failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 21, 25, and 27, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

Note: If you complete the SF 85P, an Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA) will be provided to you only in the event information arises in an investigation that requires further inquiry for resolution, and only to resolve such issues. This release authorizes an investigator to ask your health practitioner(s) only the questions specified on the release concerning mental health consultations of which the practitioner might be aware. If you are completing the SF 85P with the supplemental SF 85P-S, this release will be provided to you if you respond "yes" to the question regarding Your Medical Record. You may also be asked to complete a specific release if more detailed information is needed from your provider.

Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations and reinvestigations of persons under consideration for, or retention of, public trust positions as defined in 5 CFR 731. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when duties to be performed by an employee of a contractor are equivalent to the duties performed by an employee in a public trust position. For applicants, this form is to be used only after a conditional offer of employment has been made. This form is not to be used for National Security sensitive

Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a public trust position or your ability to obtain or retain Federal or contract employment, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for a public trust position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, or prosecution.

This form is a permanent document that may be used as the basis for future investigations, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF 85P

The investigation conducted on the basis of information provided on this form may be selected for studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. All study results released to the general public will delete personal identifiers such as name, social security number, and date and place of birth.

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 40450, 13467, 10577, 13467, and 13488; sections 3301, 3302, 7301, and 9101 of title 5, United States Code (U.S.C.); parts 2, 5, 731, and 736 of title 5, Code of Federal Regulations (CFR), and Federal information processing standards...

Your Social Security Number (SSN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397, as amended by EO 1.

Background investigations for public trust positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form and your Declaration for Federal Employment (OF 306) may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a public trust position or your ability to obtain Federal or contract employment. To avoid such delays, you must request that the consumer reporting agencies lift the freeze in these instance

In addition to the questions on this form, inquiry also is made about your adherence to security requirements your honesty and integrity, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable, trustworthy, or loyal.

After a suitability fitness determination is made, you may also be subject to continuous vetting which may include periodic reinvestigations to ensure your continuing suitability for employment.

Your Personal Interview

Some investigations will include an interview with you as a routine part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often assists in completing your investigation. It is imperative that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

For the interview, you will be required to provide photo identification, such as a valid state driver's license. You may be required to provide other documents to verify your identity, as instructed by your investigator. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to-provide documents regarding information that you provide on this form, or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documentation; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records

Instructions for Completing this Form

- 1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
- 2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.
- 3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown
- 4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.
- 5. Do not abbreviate the names of cities or foreign countries.
- 6. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
- 7. For telephone numbers in the U.S., ensure that the area code is included.
- 8. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use the dropdown lists to select the month and day. The year should be entered as a four character number (i.e., 1978 or 2001.), or selected from a dropdown list. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate this by checking the "Est." box.

ce that gave you this form and any other clarifying instructions provided by that office to You should retain a copy of the completed form for your records.

- er "City (Country)" is indicated in an address block, also provide the name of the country in that same block when the address is outside the U.S.
- provided in this form must be in Month/Day/Year or Month/Year format. Use numbers (01-12) to indicate months. I

Final Determination on Your Suitability

Final determination on your suitability for a public trust position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity to explain, refute, or clarify any information before a final decision is made. The United States Government does not discriminate on the basis of prohibited categories, including but not limited to race, color, religion, sex (including pregnancy and gender identity), national origin, disability, and sexual orientation, when making determinations of suitability for a public trust position.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to five (5) years imprisonment. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

Disclosure Information

The information you provide is for the purpose of investigating you for a position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses, a list of which are published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

Office of Personnel Management (OPM) Routine Uses

The Privacy Act routine uses of agencies conducting or requesting investigations, or with authorized custody over your investigative information, commonly include some or all of the following:

- a. To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government or the Government of the District of Columbia having a need to investigate, evaluate, or make a determination regarding loyalty to the United States; qualifications, suitability, or fitness for Government employment or military service; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- b. To an element of the U.S. Intelligence Community as identified in E.O. 12333, as amended, for use in intelligence activities for the purpose of protecting United States national security interests
- c. To any source from which information is requested in the course of an investigation, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested
- d. To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation
- e. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with its current employee's, contractor employee's, or military member's retention; loyalty; qualifications, suitability, or fitness for employment; eligibility for logical or physical access to federallycontrolled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.
- g. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.
- h. For agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the adjudicative
- i. To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.
- j. To appropriate agencies, entities, and persons when (1) OPM suspects or has confirmed that there has been a breach of the system of records; (2) OPM has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with OPM's efforts to respond to the suspected of confirmed breach or to prevent, minimize, or remedy such harm.
- k. To another Federal agency or Federal entity, when OPM determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.
- l. To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge.
- m. To disclose information to the National Archives and Records Administration for use in records management inspections.
- n. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when:
 - OPM, or any component thereof; or

 - Any employee of OPM in his or her official capacity; or
 Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or
 - The United States, when OPM determines that litigation is likely to affect OPM or any of its components;
- is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation, provided, however, that the disclosure is compatible with the purpose for which records were collected.
- o. For the Merit Systems Protection Board--To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.
- p. To disclose information to an agency Equal Employment Opportunity (EEO) office or to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, or in the processing of a Federal-sector EEO complaint.
- q. To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or natters before the Federal Service Impasses Panel

- r. To another Federal agency's Office of Inspector General when OPM becomes aware of an indication of misconduct or fraud during the applicant's submission of the standard forms.
- s. To another Federal agency's Office of Inspector General in connection with its inspection or audit activity of the investigative or adjudicative processes and procedures of its agency as authorized by the Inspector General Act of 1978, as amended, exclusive of requests for civil or criminal law enforcement activities.
- t. To a Federal agency or state unemployment compensation office upon its request in order to adjudicate a claim for unemployment compensation benefits when the claim for benefits is made as the result of a qualifications, suitability, fitness, security, identity credential, or access determination.
- u. To appropriately cleared individuals in Federal agencies, to determine whether information obtained in the course of processing the background investigation is or should be classified.
- v. To the Office of the Director of National Intelligence for inclusion in its Scattered Castles system in order to facilitate reciprocity of background investigations and security clearances within the intelligence community or assist agencies in obtaining information required by the Federal Investigative Standards.
- w. To the Director of National Intelligence, or assignee, such information as may be requested and relevant to implement the responsibilities of the Security Executive Agent for personnel security, and pertinent personnel security research and oversight, consistent with law or executive order.
- x. To Executive Branch Agency insider threat, counterintelligence, and counterterrorism officials to fulfill their responsibilities under applicable Federal law and policy, including but not limited to E.O. 12333, 13587 and the National Insider Threat Policy and Minimum Standards.
- y. To the appropriate Federal, State, local, tribal, foreign, or other public authority in the event of a natural or manmade disaster. The record will be used to provide leads to assist in locating missing subjects or assist in determining the health and safety of the subject. The record will also be used to assist in identifying victims and locating any surviving next of kin.
- z. To Federal, State, and local government agencies, if necessary, to obtain information from them which will assist OPM in its responsibilities as the authorized Investigation Service Provider in conducting studies and analyses in support of evaluating and improving the effectiveness and efficiency of the background investigation methodologies.
- aa. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the

requesting agency's decision on the matter.

LOCATION CODES (PAPER FORM ONLY, Electronic forms to use dropdown lists)

Alabama AL, Alaska AK, Arizona AZ, Arkansas AR, California CA, Colorado CO, Connecticut CT, Delaware DE, District of Columbia DC, Florida FL, Georgia GA, Hawaii HI, Idaho ID, Illinois IL, Indiana IN, Iowa IA, Kansas KS, Kentucky KY, Louisiana LA, Maine ME, Maryland MD, Massachusetts MA, Michigan MI, Minnesota MN, Mississippi MS, Missouri MO, Montana MT, Nebraska NE, Nevada NV, New Hampshire NH, New Jersey NJ, New Mexico NM, New York NY, North Carolina NC, North Dakota ND, Ohio OH, Oklahoma OK, Oregon OR, Pennsylvania PA, Rhode Island RI, South Carolina SC, South Dakota SD, Tennessee TN, Texas TX, Utah UT, Vermont VT, Virginia VA, Washington WA, West Virginia WV, Wisconsin WI, Wyoming WY American Samoa AS, Guam GU, Northern Mariana Islands MP, Puerto Rico PR, Virgin Islands of the U.S. VI

Public Burden Information (Electronic

Public burden reporting for this collection of information is estimated to average 155 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, DC 20415. The OMB clearance number, 3206-0258, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Public Burden Informatio

Public burden reporting for this collection of information is estimated to average 155 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, DC 20415, Do not send your completed form to this address; send it to the office that provided you the form. The OMB clearance number, 3206 XXXX, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

-----END OF INSTRUCTION PAGES -----

PERSONS COMPLETING THIS FORM SHOULD BEGIN AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS.

I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), or removal and debarment from Federal Service.

YES

NO

Agency Use Block "AUB"

Investigating agency user or	*	1	IPC CODES)	Case Nur			
FOR COMPETITIVE SER							
PROVIDED IN THE HIRIN	NG PROCESS APPE	ARS TO BE DISCRI	EPANT WITH INFO	ORMATION PROV	IDED ON THIS QUE	STIONNAIRE,	
THOSE DISCREPANT DO	CUMENTS MUST I	BE FORWARDED W	ITH THIS QUEST	TONNAIRE TO OF	PM FOR ACTION.		
A – Type of Investigation	B – Extra coverage	/ advanced results	C – Risk level				
E – Nature of action code	F – Date of action	G – Geographic location			H – Position code		
I – Position title	J – SON (Submittin	g Office Number)					
K – Location of Official Per	sonnel Folder _ Nor	ne _ NPRC _ At SON	I_e-OPF_Other	Other address / we	eb address of e-OPF	Zip Code	
L – SOI (Security Office Ide	entifier)						
M – Location of Security Fo	older _ None _ NPI _	_ At SOI _e-OPF _ O	ther	Other address		Zip Code	
N-IPAC $O-TAS$	P – Obligating docu		Q - BETC		ata and /or Agency cas		
S – Investigative requirement	nt _Initial _Reinvest	igation T - Requ	esting Official: Nan	ne, Title, Signature,	Email Address, Telepl	hone, Date	
U – Secondary Requesting (Official: Name, Title	, Email Address, Tele	ephone Number				
V – Applicant Affiliation	_ FED CIV _ CON .	_ MIL _ Other					
W – Deployment/PCS (if In	nminent): (Paper for	m not formatted just c	open block, Electroi	nic Formatted collec	cting the below inform	ation)	
From-To Dates, Estimated,	Permanent Relocation	n Reason(s) for tempor	orary duty assignme	ent, or PCS, point of	f contact at location, T	elephone (Include	
Ext) address/unit/duty locati	ion (Include City or P	ost Name)					
Agency Special Instructions	Agency Special Instructions for the Investigative Service Provider: e-QIP Only - Used in place of a hardcopy cover memoCage Code						
Contracting Number							

Beginning of Questionnaire

FOR REFERENCE ONLY, NOT A FORM FOR CO	MPI	LETI	ION	
Section 1 – Full Name				
Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you	Last	First	Middle	Suffix
do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix.				

Section 2 – Provide your dat	Date of Birth	(Estima	tad)							
•	Place of Birth	(Estima	tea)							
Provide your Pla			Co	ounty		S	tate		Country	
Section 4 –				, unity					country	
	S. Social Security Num	ber.	□ Not applicable _							
Section 5 –	Other Names U	sed								
name(s), alias (es	er names used and the s), or nickname(s)).	period of	f time you used the	m (for ex	ample:	your maide	n name, name(s)	by a forme	r marriage	(s), former
Have you used a			1.1 . 1.6		1 '. 1	c 1	• •		1 6	YES NO
Branch If Yes to	Provide your other na former name, alias, o									
"Other	have a middle name,									
Names"	Provide other name u	ised.	Last Fir	st	Middle			aiden name?		Yes No
(Multiple	Provide dates used. Provide the reason(s)	why the	name changed			Date (Estim		10 Da	ate (Estima	ited/Present)
Entries	Summary of other na	mes used	i:			(2 2 2 2 2 2	,			
Allowed)	Do you have addition				Yes (es adds an	other entry)	No (R	equired to	pass validation)
	Your Identifyin						\ l ++		I	
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least one telepho	ne number is	Home (address	Ellian	(Fiee ie	XI)	WOIK CIIIai	address	Eman (i	rice Text)
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Check box if Inte			box if International		<u>u</u>			if Internatio		11
Section 8 –	U.S. Passport Ir	ıform	ation							
	U.S. passport (current	or expir	red)?							YES NO
Branch	Provide the following			ecent U.S	S. passpo		ently possess: (Free Text)			
***	Provide your passpor Click HERE for U.S.			help, htt	p://trave					
If Yes to "passport"	Provide the issue date	e of pass	port. Dat	e (Estima			ne expiration da	te of passpo	rt. Da	te (Estimated)
* *	Provide the name in v	which pa	ssport was first issi	ied.		Last	First	Midd	le	Suffix
Section 9 –										
	at reflects your current rent citizenship status:		nip status and click am a U.S. citizen		al by bir	th in the II	C or IIC torrito	ry/aamman	vy oolth	
-	izen or national by birth				•			•		arived II S
citizen.□ I am no		ii, 00iii u	o.s. parent(s), in	a foreign	i country	. 🗆 I aiii a	naturanzeu O.S	o. Citizcii.	_ am a do	arved 0.5.
	You answered that yo	ou are a	U.S. citizen or natio	onal by b	irth, bor	n to U.S. pa	rent(s) in a fore	ign country.		
	Provide type of docu				d.					Explanation
Branch	(FS) 240, DS 1350 F Provide document nu						Document Nu	mber (Free '	Text)	1
Dranen	Provide the date the						Date (Estimate		,	
Foreign Born to U.S. Parents	Provide the place of i	i <mark>ssuance.</mark>	oumant was issued				City Last	First	Middle	Country Suffix
in a Foreign	Provide your citizens			•			Certificate Nu			Sullix
Country	Provide the place of i						City	State		Court
	Provide the date the date the date the date the name in v			ned			Date (Estimate Last		Middle	Suffix
	Were you born on a U			sucu.			Last	THSt	Wildele	YES NO
	Branch If Yes		You answered that	-		on a U.S. m	ilitary installatio	on.		
	You answered that yo	are a i	Provide the name		ise.				Name (F	Free Text)
	Provide the date of en			izcii.			Date (Estin	nated)		
	Provide the location						City	11 6 14	State	
	Provide country(ies) Do/did you have a U			r?			Country (A	llows for M	iuitipies)	YES NO
Branch	Branch If Yes	.g. unen	Provide your U.S.	alien re			Alien Regi	stration Nur	nber (Free	
Citizenship			Certificate of Nati							
Naturalized	Provide your citizens	hip certi	CIS, or INS regist ficate number.	rauon ill	midef, I-	EE1, I-/00		Certificate	Number (I	Free Text)
U.S. Citizen	Provide the location		urt where the citize	nship ce	rtificate	was issued.	Court (Free			
	Street Provide the date the	nitizanal-	City	anod.			State Date (Estin	antad)	Zip	
	Provide the date the		ip certificate was is e citizenship certifi		issued		Last	First	Midd	le Suffix
	Provide the name in		c citizensinp certin							

	N570).					Num	ber (Free	Text)			
	Provide the name of location	of the court	that issued the Cer	tificate of			t (Free Te				
	Naturalization certificate. wh	ere naturali:					,	ĺ			
	Provide the address of the co	urt									
	that issued the Certificate of										
	Naturalization.										
	Street		ity			State			Zip		
	Provide the date the Certifica	ite of Natura	lization naturalizat	ion certific	cate	Date	(Estimate	d)			
	was issued.		<u> </u>				`				
	Provide the name in which th	ne Certificate	e of Naturalization	naturaliza	tion	Last		Firs	t Mi	iddle	Suffix
	certificate was issued.										
	Provide the basis of naturaliz	ation B	ased on my own inc	lividual n	aturaliz	ation app	lication,			F	Explanation
	- By operation of law throug	h my U.S. ca	itizen parent Oth	er (Provid	de explo	anation)					•
	You answered that you are a										
	Provide your alien registrat	ion number	(on Certificate of		Alien	Registrati	on numbe	er. (Fi	ree Text)		
	Citizenship—utilize USCIS	S, CIS or IN	S registration numb	er).							
	Provide your Permanent Re				Perma	nent Resi	dent Card	numl	oer (I-551)	(Free	Text)
Branch	Provide your Certificate of	Citizenship	number (N560 or N	<mark>(1561)</mark>	Certifi	cate of C	itizenship	numb	er (N560	or N56	1) (Free
Citizenship		•			Text)		-				
Derived	Provide the name in which	the docume	nt was issued.		Last	name:	First		Middle na	ame:	
							name:		Suffix:		
	Provide the date document	was issued	Estim	ate				-			
	Provide the basis of derived										
	through my U.S citizen par										
	Not a U.S. Citizen			<u> </u>							
	Provide your residence status	s. S	tatus (Free Text)	Provide	the dat	e of entry	into the U	J.S.	Date (E	stimate	d)
	Provide your country (ies) of			Provide	vour pl	lace of en	try in the	U.S.	City (Fr		
	entries)	тг) P)				, , , , , , , , , , , , , , , , , , , ,
Branch	Provide your alien registration	n number <mark>.(1</mark>	-151, I766)	Registra	tion Nu	ımber (Fr	ee Text)				
au u	Provide document expiration			- 0			,				
Citizenship	Provide type of document iss			I-94, U.	S. Visat	red foil i	umber),	-20. 1	DS-2019.	I	Explanation
Not a U.S.	foil number, I-20 DS-2019, e					explanat		- /			1
citizen	Provide document number:					nber (Free					
	Provide the name in which th	e document	was issued.		Last		Fi	rst	M	iddle	Suffix
	Provide the date document w	as issued.	Date (Estima	ated)	Provid	e the doc t	ıment exp	iratio	n Da	ate (Est	imated)
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Section 10	- Dual/Multiple Citize	onghin P	Foreign Dog	anout I	nform	nation					
				sport 1	шогт	паноп					TEG NIO
Do you now or h	ave you EVER held dual/mult			. 1.							ZES NO
	You answered "Yes" to havin				· 1 C.	. 1.1	1 11 '		1.1 2.1 7		. 0
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Allowed)	If Present/Current		xplanation:								
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II EXCED	Do you have an additional cit						another en	itry)	NO (Re		to validate)
Have you EVER	been issued a passport (or iden							41	.1 .1 T		YES NO
	You responded "Yes" to have					avel) by a			tnan the U	.5.	
	Provide the country in which			was issued	1.		Count		. 1		
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01.10.1	Have you EVER used this pa										ES NO
(Multiple	Branch		e countries to which				Count	ry	From D		To Date
Entries	(Multiple Entries Allowed)		or identity card) and	d the dates	s involv	ed with			(Estima	ted)	(Est/Pres)
Allowed)	D 1 1400 10	each	. / • 4 .• .•			,			NIC		
	Do you have an additional fo	reign passpo	ort (or identity card) to	YES				NO		
	report?				(Yes	s adds and	other entry	7)	(Require	ed to va	alidate)

Section 11 – Where You Have Lived

List the places where you have lived beginning with your present residence and working back **7 years**. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you well-for periods of residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives as the verifier

for residence.						
	e information	(Multiple Entries All	lowed)			
Provide dates of		(Manapie Entries 7 III		e (Estimated)	To Date (Estimated/	Present)
		ned by you Rented	or leased by you Military ho			(Free Text)
Provide the str		ica by you 🗆 Rented		lress and City	State and Zip Code	,
Branch		indicated on ADO/ED	O address; provide physical loc			
Physical	location of	r homo port/floot hood	lquarter. Provide physical loca	tion data:	base, post, embassy, ui	iiit, and country
Location		dress/Unit/Duty Locat		tion data.	City or Post Name	
Location						Ct
D1			d States, or Country location.		State and Zip Code	or Country
Branch		indicated an address of				37 37
APO/FPO			address while at this location			Yes No
Address		f Yes Provide APO		Address APO or FPO	APO/FPO State Coo	de Zip Code
			, landlord (if rental) or other pe			
		e full name: Last		Provide date of last contact		Estimated)
	Provide yo	our relationship to this	s person (check all that apply)	□ Neighbor □ Friend □		
				☐ Other (Provide explanat	tion) Explanation (Fre	ee Text)
			nformation for this person:			
	Provide ev	vening phone number		, i	umber for this person:	Number/Ext
Branch			_Check box			Check box if
Dranch			<u>if</u>			<u>international</u>
Person Who			internationa			
Knew you			I don't			<u>I don't</u>
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(if address		ell/mobile phone numb		Number/Ext_Check box	if international _ I do	<u>n't know</u>
dates within		mail address for this p		Email (Free Text)		
last 3 years)	Provide st		erson (including apt number).	Street address and City	State and Zip Code	
inst o yours)	Branch		ed an APO/FPO address; provid			st, embassy,
	Physical		location or home port/fleet hea	lquarter. Provide physical loc		
	Location		nit/Duty Location:		City or Post Name	
	Location	Provide State for	ports in United States, or Coun	ry location.	State and Zip Code	or Country
	Branch	You have indicate	ed an address outside of the U.	S.		
	APO/FPO	Does the person v	who knew you have an APO/FP	O address?		Yes No
	Address	Branch If Yes	Provide APO/FPO address:	Address APO or FPO	APO/FPO State Code	e Zip Code
Do you have a	n additional re	esidence to report?		YES (Yes adds another entry	y) NO (Requir	red to validate)
		_	Y 1 1			
		You Went to S				
			nless to provide a minimum of t	wo years education history. (N	Iultiple Entries Allowe	
Have you atter	nded any schoo	ols in the last 7 years	s?			YES NO
	Have you rec		loma more than 7 years ago?			YES NO
-	Have you rec	Provide the dates of	attendance.	From Date (Estimated)	To Date (Estimated/	/Present)
-	Have you rec	Provide the dates of Select the most appro	attendance. If opriate box to describe your scl	nool. High School Co	ollege/University/Milita	/Present)
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If Employment	APO/FPO		ess while at this								
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or Other			report for this employm			r entry)	to validate)
	F	or this employm	ent, in the last seven (7)	years have you received a written wa	rning, been official	ly	YES NO
				misconduct in the workplace, such as			·
		Branch	Officially reprimand	ed, suspended, or disciplined for mise	conduct	<u> </u>	<u> </u>
		Disciplined,		nd year you were warned, reprimande		Dota	e (Estimated)
				nd year you were warned, reprimande	a, suspended of	Date	e (Estimateu)
		Varned,	disciplined.				
		deprimanded, or) for being warned, reprimanded, susp			son (Free Text)
		uspended	Do you have another	instance of discipline or a warning to	YES (Yes adds	NO (Required
	(.	Multiple Entries	provide?		anothe	r entry)	to validate)
		Allowed)					
Do you have a	ın additi	onal employment	t activity to enter?	YES (Yes ad	lds another entry)	NO (Requ	iired to validate)
Section 13	2h _ F	mnlovment	Activities _ Form	ner Federal Service	-		
					1		AVEG NO
	ormer te			tary service, NOT indicated previous	ly, to report?		YES NO
Branch			eral Service Detail				
		Provide date	es of federal civilian empl	oyment. From Date (Est	imated) To Dat	te (Est/Prese	ent)
If Yes to Form	ner	Provide the	name of the federal agenc	ey for which you are/were employed.	Name		
Federal Service	e	Provide you	r position title.		Positio	n title (Free	e Text)
			location of the agency	Street address and City	State a	nd Zip Cod	e or Country
(Multiple Entr	ies			l civilian employment, excluding mil		Yes adds	NO (Required
Allowed)			T indicated previously, to			r entry)	to validate)
				report:	anome	r entry)	to varidate)
		mployment					
Have any of th	ne follow	ing happened to	you in the last seven (7)	years at employment activities that y	ou have not previo	usly listed?	(If Yes, you will
			yment in Section 13a)		a job after being tole		
				allegations of misconduct?	a joo unter comig tor	a you would	
			ving notice of unsatisfactor				
					n the workniese cu	ah as violat	ion of a constitu
	viitten W	arming, been om	ciany reprimanded, suspe	ended, or disciplined for misconduct i	n die workplace, su	cii as vioiat	ion of a security
policy?							*****
							YES NO
Section 1/	1 Sal	ective Serv	ica Record				
Were you born	n a male	after December	31, 1959?				YES NO
	Sele	ctive Service Re	gistration				
	Hav	e you registered	with the Selective Service	e System (SSS)	I don't k	now	YES NO
				vebsite, www.sss.gov, can help provide	de the registration n	umber for r	persons who have
Branch	Bra			tive Service Number is not your Socie			
	If Y	es	Provide registration nur				r (Free Text)
If Yes to Born	Dwo	nah	Ü				i (i iee iext)
Male After	Bra			naving registered with the Selective S			
12/31/1959	If N		Provide explanation			tion (Free T	ext)
	Bra			know' to having registered with the S			
	If I	Don't Know	Provide explanation		Explana	tion (Free T	ext)
Coation 16	. N/I:		MET				
		litary Histo					
	ER serve	litary Histo	litary?				YES NO
	ER serve You re	litary Histo ed in the U.S. Mi sponded 'Yes' to	litary? having served in the U.S	S. Military:			YES NO
	ER serve You re	litary Histo ed in the U.S. Mi sponded 'Yes' to	litary?	S. Military: State if National Guard	Officer or enlisted	l: Provide	YES NO
	You re Provid	litary Histo ed in the U.S. Mi sponded 'Yes' to	litary? having served in the U.Service you served in:		Officer or enlisted	l: Provide numbe	e your service
	You re Provid	litary Histo ed in the U.S. Mi sponded 'Yes' to e the branch of s v \(\sigma \) Army Nation	litary? having served in the U.Service you served in:	State if National Guard Provide your status	□ Not Applicable	numbe	e your service r.
	You re Provid Arm Navy	litary Histo ed in the U.S. Mi sponded 'Yes' to e the branch of s y \(\text{Army Nation} \) y \(\text{Air Force} \(\text{C} \)	litary? b having served in the U.S. ervice you served in: nal Guard Air National Guard	State if National Guard Provide your status - Active Duty - Active Reserve	□ Not Applicable□ Officer	numbe	e your service
	You re Provid Arm Navy Mar	din the U.S. Missponded 'Yes' to the branch of so a Army Nation of the Corps of Cooking Cooki	litary? b having served in the U.S ervice you served in: nal Guard Air National Guard ust Guard	State if National Guard Provide your status - Active Duty - Active Reserve - Inactive Reserve	□ Not Applicable□ Officer□ Enlisted	numbe Numbe	e your service r.
	You re Provid Arm Navy Mar Provid	din the U.S. Misponded 'Yes' to e the branch of s and a large of the corps of the c	litary? b having served in the U.S. ervice you served in: nal Guard Air National Guard ust Guard ervice	State if National Guard Provide your status - Active Duty - Active Reserve - Inactive Reserve From Date (Estimated)	□ Not Applicable □ Officer □ Enlisted To Date (Estimate	number Numbered/Present)	e your service r. er (Free Text)
	You re Provid Arm Navy Mar Provid	din the U.S. Misponded 'Yes' to e the branch of s and a large of the corps of the c	litary? b having served in the U.S. ervice you served in: nal Guard Air National Guard ust Guard ervice from this instance of U.S. I	State if National Guard Provide your status - Active Duty - Active Reserve - Inactive Reserve From Date (Estimated) military service, to include Reserves,	□ Not Applicable □ Officer □ Enlisted To Date (Estimate or National Guard?	number Number ed/Present)	e your service r.
	You re Provid Arm Navy Mar. Provid Were y	litary Histo ed in the U.S. Mi sponded 'Yes' to e the branch of s y Army Nation o Air Force e your dates of se you discharged fi You re	litary? b having served in the U.S. ervice you served in: nal Guard Air National Guard ust Guard ervice from this instance of U.S. I	State if National Guard Provide your status - Active Duty - Active Reserve - Inactive Reserve From Date (Estimated) military service, to include Reserves, ischarged from U.S. military service,	□ Not Applicable □ Officer □ Enlisted To Date (Estimate or National Guard?	number Number ed/Present)	e your service r. er (Free Text)
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Do you preser	ntly reside with	a person, other	than a	spouse or	legally recogn	nized civil u	nion/doi	mestic partner, w	ith wh	nom yo	ou share	e Y	ES	NO
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roommate) ?						the U.S., pr	ovide ci	tizenship informa	ation.					
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With a	is Foreign			□ U.S.	Certificate of	Naturalizatio	on certif	ïcate_ □ None (Pr	ovide	explar	nation)	□ Ot	her (P	'rovide
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Has this relati	ve used any other					,		•				1	YES	NO
Branch					riod of time th	at your relat	tive used	them (such as n	naiden	name	by a fo	ormer r	narria	ge,
If Other Name		er name, alias, o		mame). Middle	Cu	ıffix	Moido	en name?				- 1	YES	NO
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Do you have a	an additional rel		9 11	ovide jou				s another entry)			equired			
						•		• •		,				
Section 19	9 – Foreign	Countries	· You	have	Visited									
	veled outside the											1	YES	NO
Has your trav	el in the last sev	ven (7) years b	een sol	ely for U.	.S. Governmer	nt business c	on officia	al government or	ders (i	i.e., no	persor	nal '	YES	NO
trips in conju	nction with the o													<u> </u>
) years for other t						
		nation about at ent business <u>o</u>				inited States	includii	ng personal trips	made	ın con	Junctio	n with	OHICI	aı
	Provide the co				dates of your	travel to thi	s countr	y. From Date	(Estin	nated)	То	Date (Estin	nated)
	Provide the to	tal number of c	lays inv	volved in	the visit. 1	-5 □ 6-10 □	11-20	□ 21-30 □ More	than	30 □]	Many s	hort tr	ips	
		irpose of the tra						isiness/profession			lunteer	activit	ies	
Branch								sit family or frien		□ Oth			YES	NO
If Having								ise detained (other officials when	er	_	lanation e Text)		I ES	NO
Traveled		iving this coun					SCI VICC	officials when		(110	c rext)	'		
Outside the							er with t	he police? If yes	S	Exp	lanatio	n '	YES	NO
U.S. on	provide explai	nation.	-	-						(Fre	e Text))		
Other than Official								any person know			lanatio		YES	NO
Business		eing involved of the second of			ın toreign intel	ingence, teri	orist, se	curity, or militar	У	(Fre	e Text)	' [
		additional trave			S. in the last so	even (7) vea	rs for	YES		'	NO			
(Multiple		ely U.S. Govern						(Yes adds anot	ther er	ntry)		uired to	o valić	late)
Entries				- -										

Allowed)

Section 20 - Police Record

For this section report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

Have any of the following happened? (If yes, you will be asked to provide details for each offense that pertains to the actions that are identified below.)

- In the past-last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs.)
- In the past-last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the past last seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the past last seven (7) years have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

				'					YES	NO	
	Provide the date of	of offense. D	Pate (Estimated)		Provide a descriptio specific nature of the		Descripti	on (Free T	ext)		
		nce or a crime	of violence (suc	h as ba	all that apply) ttery or assault) again	st your child, dep					
	you share a child □ Involve firearm	in common? s or explosives		spouse	or legally recognized	l civil union/dom	estic partne	er, or some	one with	whom	
	□ Involve alcohol			1			I a	F . 0.1	YES	NO	
	Provide the locati Were you arrested officer, sheriff, m	d, summoned, o	cited, or did you	receiv	Street address and contact a ticket to appear as ement official?			Zip Code ny police	YES	NO NO	
	Branch	Arresting/cit	ing/summoning	agency	y	. 1/ 1: 1/		Lv	(C T		
	If Yes to Being Arrested/Cited/ Summoned		ocation of the la		Street address and c			Zip Code	or Count		
		offense were y	you charged, cor	nvicted	, currently awaiting tr	ial, and/or ordere	ed to appear	in court	YES	NO	
	Branch - If No to Charged or				of this offense were		victed, curr	ently awai	ting trial,	and/or	
	Convicted	Provide Exp				•	Explanat	ion (Free T	ext)		
Branch			nation name of the cour location of the co		Street address and	1 oity		court (Free		erg 7	
If Yes to the Above		Provide all th	he charges broug	ght aga	inst you for this offen	se, and the outco	me of each	charged of			
Happening					ge dropped or "nolle ttely both the original				or pleade	ed	
(Multiple		Felony/Misd			isdemeanor, Other	Charge	SSCI OTICIIS		(Free Text)		
Entries		Outcome			(Free Text)	Date (Month/Y	(ear)	Date	MEG	NO	
Allowed)	Branch	Were you se	Conviction		nis offense?				YES	NO	
	If Yes to				on of the sentence.						
	Charged or	Branch			ed to imprisonment fo				YES	NO	
	Convicted	If Yes to			ated as a result of that				YES	NO	
		Being			esulted in imprisonme			m Date (Es			
		Sentenced			vere incarcerated. (Noted in probation or pa			Date (Estir m Date (Es		,	
					or parole. (Not Appli			Date (Estir			
		Branch	Trial detail		Paresta (- :		1.0	Dute (Esti)	114104, 1 10	, serie,	
		If No to	Are you cur	rrently	on trial, awaiting a tri	al, or awaiting se	ntencing or	criminal	YES	NO	
		Being	charges for								
		Sentenced	Provide Exp				nation (Free	Text)			
					wing has happened to		YES	44.	NO	- 4 4 -	
	annear in court in	seven (7) year	s nave you been	n issued vou? (I	l a summons, citation Do not include citatio	, or ticket to	(Yes a	er entry)	(Require validate		
					50 and did not include			a chary)	vandate	•)	
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	marshal or any ot										
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					previously listed on t						
	• Are you current		-		, ,	batton of parote:					
Other than those	offenses already lis										

Other than those offenses already listed, have you **EVER** had the following happen to you?

• Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?

	Provide the date of					Date (Est				
			nature of the offense.			Description	on of natur	e of offense	e (Free T	ext)
	Did this offense in	nvolve any of the f	following?							
	□ Domestic viole	nce or a crime of v	iolence (such as batte	ry or assa	ult) agains	t your child, dep	endent, col	habitant, sp	ouse or 1	<u>egally</u>
			<mark>tner</mark> , former spouse <u>o</u> ı	<u>r legally r</u>	ecognized	civil union dome	estic/partne	r, or some	one with	whom
	you share a child	in common?								
									YES	NO
	Provide the name	of the court				Nama of	court (Free	Toyt)	1 ES	NO
	Provide the locati		Street addres	se and city	17		Zip Code (
			nst you for this offens						1 guilty.	found
			olle pros," etc). If you							
Branch		nd the lesser offens			0 ,	1 0				
	Felony/Misdemea	anor Fe	elony, Misdemeanor, O	Other	Charge		Charg	e (Free Tex	it)	
If Yes to the	Outcome		utcome (Free Text)		Date Mon	th/Year	Date			
Above	Were you sentence	ced as a result of th							YES	NO
Happening		Conviction Deta								
0.6 12 1		Provide a descrip	ption of the sentence.				Senter	nce descript		
(Multiple Entries	Branch		nced to imprisonment						YES	NO
Allowed)	If Yes to Being		erated as a result of th					D . (E .:	YES	NO
Allowed)	Sentenced		resulted in imprisonr carcerated. (Not Appl			tes that you		Date (Estin		
					ha datas of		te (Estimat Date (Estin		nt)	
		If the conviction resulted in probation or parole, provide the dates of probation or parole. (Not Applicable □) From Date (Estimulation of Date (Estimulation of Date (Estimulation of Date))								
	probation or parole. (Not Applicable □) To Date (Estimat									11()
	Branch		y on trial, awaiting a	trial, or a	waiting ser	ntencing on crim	inal charge	s for this	YES	NO
	If No to Being Sentenced	offense?	, ,		0	· ·	· ·			
		Provide Explana				Explanation (Fre	e Text)			
			st where the followin				YES		NO	
			of an offense involving				(Yes a		(Requi	
			against your child, de stic partner, former sp				anothe	er entry)	valida	te)
			e with whom you shar							
		, , , , , , , , , , , , , , , , , , , ,	, ,							
Is there currently			or restraining order is						YES	NO
Branch	You responded 'Y	Yes' to currently ha	aving a domestic viole	ence prote	ective order	r or restraining o	rder issued	against yo	u.	
If Yes to	Provide explanati	ion:			Evplan	ation (Free Text)	1			
Domestic		the order was issue	d.			Estimated)	<i>)</i>			
Violence			ency that issued the or	der.	Name o	of court (Free Te	xt)			
(Multiple Entries			agency that issued the		Street a	ddress and city	State a	and Zip Co	de or Cou	ıntry
Allowed)			nce protective order of	or	YES			NO		
·			ainst you to report?		(Yes ac	lds another entry	")	(Require	d to valid	late)
			Drug Activity							
			th reference to this sec							
			against you in a subso							
			eral government. The in accordance with Fo						muonea	
			y drugs or controlled						YES	NO
			erimenting with or oth							
			even (7) years having	gillegally	used a dru	g or controlled s	ubstance.			
		of drug or controlle				on if other (Free				,
		ck cocaine (Such a marijuana, weed, p	s rock, freebase, etc.)			h as amphetamin Ich as barbiturat				
Branch	N	marijuana, weea, p h as special K, jet, c				eas opium, morp				s, etc.)
	No.	1	P, mushrooms, etc.)			as the clear, juic		,,	/	
If Yes to		h as toluene, amyl n				explanation):				
Illegally Using Drugs or	Provide an estima		Date (Estimated)			estimate of the		Oate (Estim	ated)	
Controlled	month and year o		1 1 0.0		-	f most recent use	e.			
Substances			d number of times use byed as a law enforcer			use (Free Text)	m official	or while	YES	NO
0.00			ly affecting the public		ci, prosect	nor, or courtroof	iii Oiliciai,	or willic	ILS	110
(Multiple Entries		ile possessing a sec							YES	NO
Allowed)			ntrolled substance in t						YES	NO
Timo ((cu)	Provide explanati	on of why you inte	end or do not intend to	use this	drug or cor	ntrolled substanc	e in the fut	ure.	Explan	
	Do you hove on o	dditional instance	a) of illegal use of a d		ntuallad	VEC		NO	(Free	Text)
	Do you have an a substance to enter		s) of illegal use of a d	aug or co	ntrolled	YES (Yes adds anot	her entry)	NO (Regu	ired to va	alidate)
In the last seven			the illegal purchase,	manufact	ure, cultiva				YES	NO NO
			rug or controlled subs							
	You answered 'Y	es' to in the last se	even (7) years having	g been inv				cture, cultiv	ation,	
					1 C 1	g or controlled s	uhetanca			
		of drug or controlle	pping, receiving, hand			ion (Free Text)	ubstance.			

		ck cocaine (Such as rock, freebase, e narijuana, weed, pot, hashish, etc.)	etc.) Stimulants (Such as amph Depressants (Such as bard							
	□ Ketamine (Such	as special K, jet, etc.)	□ Narcotics (Such as opium	, morphine,	codeine, heroin,		. 5, 6:6:7			
Donnesk		(Such as LSD, PCP, mushrooms, etc.)					
Branch If Yes to	Provide an estima	as toluene, amyl nitrate, etc.) te of the month Date (Estimated)	□ <i>Other (Provide explanati</i> Provide an estimate of the	on): month and	Date (Estim	ated)				
Illegal Drug	and year of first ir		year of most recent involve		Bate (Estim	utcu)				
Activity		and frequency of activity.	Nature of activity (Free Te	ext)						
(Multiple		n(s) why you engaged in the activity			cc: · 1	MEG	NO			
Entries		ment while you were employed as a ion directly and immediately affects:		tor, or court	room official,	YES	NO			
Allowed)			nent while possessing a security clearance? YES NO							
		engage in this activity in the future? YES NO								
	Branch You have indicated that you plan to engage in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale									
	Future Activity	of a drug or controlled substance in		dling or sale	•					
	Do you have an ac	dditional instance(s) of having been	involved in the illegal purchase,		/ES	NO				
		vation, trafficking, production, trans	sfer, shipping, receiving, handling	×	Yes adds	· · · · · ·	ired to			
In the last seven		olled substance to enter? u illegally used or otherwise been in:	volved with a drug or controlled s		nother entry)	valida YES	NO			
		utor, or courtroom official; or while				125	1,0			
safety other than	previously listed?									
Donnesk		Yes' to having in the last seven (7) y mployed as a law enforcement office								
Branch If Yes to Use		ting the public safety other than pre-		ai, or willic	in a position un	cerry and	•			
While in Law		ion of the drugs or controlled substa			ption (Free Text	,				
Enforcement			From Date (Estimated)		te (Estimated/Pro	esent)				
(Multiple		te the number of times you used and ace while employed in this capacity.	or were involved this drug or	Estima	ite (Free Text)					
Entries		dditional instance(s) of illegal use or	involvement with a drug or contr	rolled	/ES	NO				
Allowed)		mployed as a law enforcement office			Yes adds	(Requi				
In the last seven		e in a position directly and immediately affecting the public safety to enter? another entry validate ears have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the YES NO								
	ribed for you or son		or prescription drugs, regardless	of whether (or not the	1123	NO			
	You responded 'Y	es' to in the last seven (7) years have		misuse of pr	escription drugs	, regardl	ess of			
Branch If Yes to		were prescribed for you or someone			(F					
Misuse of	Provide the name of the prescription drug that you misused. Provide the dates of involvement in the above. Provide the dates of involvement in the above.									
Prescription		Provide the dates of involvement in the above. From Date (Estimated) 16 Date (Estimated/Present) Provide the reason(s) for and circumstances of the misuse of the prescription drug. Reasons (Free Text)								
Drugs	Was your involve	ment while you were employed as a	law enforcement officer, prosecu-			YES	NO			
(Multiple		ion directly and immediately affecti	<u> </u>			VEC	NO			
Entries		ment while possessing a security cle dditional instance(s) of intentionally			NO	YES	NO			
Allowed)	of prescription dru	igs in the last seven (7) years to ent	er? (Yes a	adds another	entry) (Requ	ired to v	alidate)			
		a been ordered, advised, or asked to	seek counseling or treatment as a	result of you	ur illegal use	YES	NO			
Branch	olled substances?	es' to having in the last seven (7) y	years, have you been ordered, adv	ised or aske	ed to seek couns	eling or				
Drunen	treatment as a resu	alt of your illegal use of drugs or cor	ntrolled substances							
If Yes to		ollowing ordered, advised, or asked	you to seek counseling or treatment	nt as a resul	t of your illegal	use of di	ugs or			
Being Ordered Treatment for		ices? (Check all that apply) illitary commander, or employee ass	sistance program	l profession	al					
the Misuse of	☐ A mental health			fficial / judg						
Drugs		ordered, advised, or asked to seek co				******	110			
(Multiple	Provide explanation Branch If No	on Explanation (Free Text) You have indicated that you did no	Did you take action to receive c		r treatment? Explanation	YES (Free T	NO evt)			
Entries	to Action Taken	l ou have indicated that you did in	ot receive treatment. Trovide exp.	ianauon.	Explanation	i (i icc i	CAL)			
Allowed)		Provide the type of drug or control		treated.						
		□ Cocaine or crack cocaine (Such □ Stimulants (Such as amphetamin		ata l						
		☐ Silmulants (Such as amphetamin ☐ THC (Such as marijuana, weed,		eic.)						
		□ Depressants (Such as barbitura)	tes, methaqualone, tranquilizers, o	etc.)						
		☐ Ketamine (Such as special K, jet								
		□ Narcotics (Such as opium, morp □ Hallucinogenic (Such as LSD, F								
	Branch	☐ Steroids (Such as the clear, juice	e, etc.)							
	If Yes to Action Taken	☐ Inhalants (Such as toluene, amy.☐ Other (Provide explanation):	l nitrate, etc.)							
	Taken		Provide the name of the treatment	N	Name (Free Text)				
		F	provider. (Last name, First name)							
		Provide the address for this treatm			State and Zip Co		_			
		Provide a phone number for the tro	eaunent provider.		Number/Ext <mark>Tin</mark> Both _ Check bo		vigitt			
				I	nternational	<u> </u>				
		Provide the dates of treatment.	Date From (Estin	nated) I	Date To (Estimat		nt) NO			
		Did you successfully complete the	ucatment!			1 E2	NU			

V.5 DICAI	TIKE-DE	CIDIOINA										
		Branch I to Succes		You have incomplete the					Expla	nation (Free	e Text)	
		Treatmen		complete the	treatment.	riovide	ехріанано	111.				
	Do you have an							YES	I	NO		
* 17 7	seek drug or co							(Yes adds anot			ired to va	
substance?	n (7) years, have	you voluntarıl	y sough	it counseling or	r treatment	as a resu	It of your	use of a drug or	control	led	YES	NO
substance:	Voluntary treat	ment detail										<u> </u>
	Provide the typ		ontrolled	d substance for	which you	were tre	ated.					
								amphetamines,				
Branch	□ THC (Such a □ Ketamine (St							as barbiturates, opium, morphir				s, etc.)
If Yes to	□ Hallucinoger							he clear, juice, e		ine, neroin,	eic.)	
Voluntarily	□ Inhalants (St	ich as toluene,	amyl n	itrate, etc.)		Other (P		olanation):				
Seeking Treatment for	Provide the nar						1			(Free Text)		
the Misuse of	Provide the add				Street ad	aress and	1 City			and Zip Cod er/Ext.	ie or Cou	ıntry
Drugs	1 Tovide a priori	c number for t	ine treat	ment provider.						Day Night I	Both _ C	heck
(Multiple										Internation		
Entries	Provide the dat			, ,0	Date From	m (Estim	nated)		Date 7	Γο (Estimate		
Allowed)	Did you succes Branch If No 1			eatment? ndicated that ye	ou did not s	VOIL SUCCE	essfully co	mplete the	Evnlar	nation (Free	YES Text)	NO
	Successful Tre	atment trea	tment. F	Provide explan	ation.	you succe	23314117 CO.	inpiete the	LAPIG	nation (Free	(ICAL)	
	Do you have a	nother instance	e of <mark>EV</mark>	ER voluntarily	seeking co					NO		
	or treatment as		ır use of	f a drug or con	trolled subs	stance?	(Yes	adds another er	itry)	(Required	d to valio	late)
	Use of Alc											
	n (7) years has yo						erformance	e, your professi	onal		YES	NO
retationships, or	resulted in interv						on vour w	ork performance	e vour	nrofessiona	l relation	nshine
	or resulted in in						on your w	ork perioriidii	ce, your	Professiona	relatiol	asinps,
	Provide the mo							stimated)				
	Provide an exp	lanation of the	circum	stances and the	e negative i	impact.		circumstances				
	Provide dates of	Provide negative impact (Free Text) Provide dates of involvement or use Provide dates of involvement or use Provide negative impact (Free Text) To Date (Estimated/Present)										
	Has the use of alcohol had other negative impacts on your work performance, your YES NO											
	professional relationships, or resulted in intervention by law enforcement/public safety (Yes adds (Required to											
	personnel? another entry) validate In the last seven (7) years have you been ordered, advised, or asked to seek counseling or treatment as a result of YES NO											
	your use of alc		ve you o	occii ordered, a	avisca, or a	isked to a	seek couns	sening of treatm	ciii as a	result of	1 Lb	110
				s" to having be	en ordered,	, advised	or asked t	o seek counseli	ng or tre	eatment as a	result o	f your
	Downsk			to seek counse	eling or trea	ntment?					YES	NO
	Branch If Yes to	-										
	having been	Branch If N Action Take						o seek counseli ng action to see		Explanation	n (Free T	Text)
	ordered, advised, or	Action Take		counseling or t			or not taki	ng action to see	AK.			
Branch	asked to seek	Branch If Y	es `	You responded	l 'Yes' to h	aving tak		to seek counsel				
If negative impact	counseling	to Taking Action		Provide the dat	tes of couns	seling or	treatment	From Dat (Estimate		To Date (Estimate	d/Dracar	nt)
_	(Multiple.	rection		Provide the nar	me of the ir	ndividual	counselor	or treatment p	,	Counselo		
(Multiple Entries	Entries									Text)		
Allowed)	Allowed)			Provide the ful counseling/trea				Provide tele	phone n		Number/l <mark>Fime Dav</mark>	
			,	counseling tree	timent prov	rider.					Night Bo	
											Check bo	
			-	Street address	and city			State and Zi	n Code (nternatio	<u>onal</u>
				Did you succes		plete the	treatment		p code (or Country	YES	NO
]	Branch If No	to Yo	u respon	ded "No" t	to having succe		Explanati	ion (Free	Text)
				Successful Completion		npleted the	he treatme	nt program. Pr	ovide			
	Do you have a	dditional insta					ked YE	ES		NO		
	to seek counsel	ing or treatme	nt as a r	result of your u	se of alcoh	ol to ente	er? (Y	es adds another		(Required		
	In the last several alcohol?	en (7) years, h	nave you	a voluntarily so	ought couns	seling or	treatment	as a result of yo	our use o	Ť	YES	NO
	arconor:	You respond	ded 'Yes	s' to voluntaril	y seeking c	ounselin	g or treatm	nent.			l	l
	Branch	Provide the	dates of	counseling or	treatment	F	From Date	(Estimated)		te (Estimate		
	If Yes to			f the individual	counselor					selor name (
	to Seeking Counseling	Provide the counseling/t					ureet addre	ess and city	State a	and Zip Cod	ie or Cou	intry
	(Multiple	Provide		per/Ext	Did you	successfu	ally compl	ete the treatmer	nt progra	ım?	YES	NO
	Entries Allowed)	telephone		Day Night			*		_			
	Anowed)	number		Check box ernational								
I [l	11 IIIC	anuu Ollai	L						1	l

7.5 DIGH	TRE DECISION IE E								
	Branch If Unsuc	cessful	You answered		Expl	anation (Free Text)			
				mpleted the treatment					
			program. Prov	ide explanation:					
	Do you have additional instances v	where you have vo	oluntarily sought	YES		NO			
	counseling or treatment as a result			(Yes adds another entry	0	(Required to valida	ite)		
	counseling of treatment as a result	or your use or use	onor to enter.	(1es adas anomer emir)	/	(required to runda	1		
Section 23 -	Investigations and Clea	rance Recor	ď						
	ernment (or a foreign government)			and/or granted you a sec	urity c	learance YES	NO		
eligibility/access		z , zz m , estigui	ed jour ouengroe	and and, or granted you a see	urrey c	125	110		
engionity/access	You responded 'Yes' to the U.S	Government (or	a foreign govern	ament) having investigated v	our ba	ackground and/or has	vinα		
	granted you a security clearance			illiciti) liaving liivestigated y	our oa	ickground and/or na	villig		
	Provide the investigating			- II C	D	t			
	agency:				iai bui	leau of investigation			
Branch	U.S. Department of Treasury (provide name of bureau) Explanation or name of U.S. Department of Homeland Security								
If Yes to Having	Explanation or name of					1			
Ever Been	government or bureau (Free	□ Foreign gove	rnment, (Provide	e name of government)	l don't	know			
Investigated	Text)	□ Other (Provid							
nivestigated	Date the investigation was com			i't know		Date (Estimated)			
(Multiple Entries	Provide the name of agency that	t issued the cleara	nce eligibility/ac	ccess if different from the		Name (Free Text)			
Allowed)	investigating agency.								
Allowed)	Provide the date clearance eligi	bility/access was	granted. 🗆 I don	ı't know		Date (Estimated)			
	Provide the level of clearance	□ None □	Confidential	□ Secret □ Top Sec	ret				
	eligibility/access granted.	☐ Sensitive Con	mpartmented Info	ormation (SCI)		□ L □ I don'	know		
	Explanation (Free Text)	□ Issued by for			Provide	e explanation)			
	Do you have another investigati			Yes adds another entry)		NO (Required to va	alidate)		
Have you EVER	had a security clearance eligibility/								
	ninistrative termination of a security			naca, or revokea. (1 tote. 7 ii	i uaiiiii	I Lb	110		
downgrade or ad	You responded 'Yes' to having			ligibility/access authorization	n donie	ad suspended or rev	roked		
Branch	Provide the date security clearant	nce eligibility/acc	eass authorization	was denied suspended or r	avokac	d. Date (Estimat			
If Yes to Denied	Provide the name of the agency			i was defiled, suspended of 1	CVORCE	Name (Free Text)	.cu)		
				sion or mayonation nation		` /	Tout)		
(Multiple Entries	Provide an explanation of the circumstances of the denial, suspension or revocation action. Explanation (Free Text) Do you have another denied, revoked or suspended security YES NO						rext)		
Allowed)				YES		NO	ta)		
II EXTED	clearance eligibility/access auth		<u> </u>	(Yes adds another en	ury)	(Required to valida			
	been debarred from government en		1.0	. 1		YES	NO		
Branch	You responded 'Yes' to having					1			
If Yes to	Provide the name of the govern		ng debarment act	ion.		Agency name			
Debarment	Provide the date the debarment		1.1			Date (Estimated)			
(Multiple Entries	Provide an explanation of the ci			TTG (7)		Circumstances (Fre			
Allowed)	Do you have another Governme	ent debarment to e	enter?	YES (Yes adds another entry)	NO (Required to va	ilidate)		
Section 24 -	Financial Record								
	(7) years have you filed a petition to	ınder anv chanter	of the bankrupto	ry code?		YES	NO		
In the last seven	You responded 'Yes' to having file					TES	110		
	Select the applicable bankruptcy pe			Chapter 7 □ Chapter 11	$\sqcap Ch$	apter 12 🗆 Chapter	13		
-	Provide the bankruptcy court dock			Chapter / E Chapter 11		ount Number (Free T			
-	Provide the date bankruptcy was fi		1.			(Estimated)	CAt)		
Duonah	Provide date of bankruptcy was in		licable			(Estimated)			
Branch If Yes to	Provide the total amount (in U.S. d			- Estimated		ount (Free Text)			
Having Filed	Provide the total amount (in e.s. of			ast First	Mide		,		
Bankruptcy	Provide the name of the court invo		L	ast Tilst		t Name (Free Text)			
Dankrupicy	Provide the ladress of the court invo		l c.			and Zip Code or Co			
(Multiple	Branch Provide the name			treet address and City		e and Zip Code or Co	runu y		
Entries	If Chapter 13 Provide the address			X1	rvain	e (11cc 1cxi)			
Allowed)	or Chapter Street address and		n uns vankrupte	у.	Ctat-	and Zip Code or Co	anter:		
	12 Street address and	City			State	and Zip Code of Co	Juntry		
-	Were you discharged of all debts c	laimed in the ban	kruptov? Provid	e Explanation Explanati	on (Fr	ee Text) YES	NO		
-	In the last seven (7) years, have				011 (110	NO NO	NO		
	chapter of the bankruptcy code?	ou med any addi	tional petitions u	(Yes adds anoth	or ont		zalidata)		
In the last seven	(7) years have you failed to meet fi	noncial obligation	ns due to comblir		ici ciiti	YES	NO NO		
Branch	You responded 'Yes' to in the last	garran (7) reams	hava van avmania	ilg:	to 000		NO		
If Yes to	Provide the date range of your fina			From Date (Estimated)		Date (Estimated/Pi			
Financial					_				
Problems Due	Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred. Amount (Free Text)								
to Gambling	Provide a description of your financial problems due to gambling. Description (Free Text)								
(Multiple	If you have taken any action(s) to rectify your financial problems due to gambling, provide a Description (Free Text)								
Entries	description of your actions. If you have not taken any action(s) provide explanation.								
Allowed)	In the last seven (7) years have failed to meet other financial YES (Yes adds another entry) NO (Required to validate)								
	obligations due to gambling? even (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance? YES NO								
							NO		
Branch	You responded 'Yes' to having fai	led to file or pay			y law o	or ordinance.			
	Did you fail to file, pay as required	l, or both? □ Fi		Both					
If Yes to	Provide the year you failed to file			taxes.					
Failing to	Provide the reason(s) for your failu					Reasons (Free Tex	tt)		
File/Pay Taxes	Provide the Federal, state or other	agency to which	you failed to file	or pay taxes.		Agency (Free Tex	(t)		
	Provide the type of taxes you failed					Tax Type (Free Tex	zt)		

v.3 DRAF	T PRE-DECISIONAL DELIBERATIVE						
(Multiple	Provide the amount (in U.S. dollars) of the taxes. Estimated Amount (Free Text)						
Entries	Provide date satisfied. Not applicable					ated)	
Allowed)	Provide a description of any action(s) you have taken to satisfy this	s debt (such a	s withholdings,	Desc	ription	(Free Te	xt)
	frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.						
	Are there any other instances in the pastlast seven (7) years where		YES		NO		
	failed to file or pay Federal, state or other taxes when required by la	aw or	(Yes adds anoth	ner entry)	(Requi	ired to va	lidate)
	ordinance?						
	even (7) years have you been counseled, warned, or disciplined for velocity ded by your employer?	violating the	terms of agreeme	nt for a trav	el or	YES	NO
D1	You responded 'Yes' to having been counseled, warned, or discipli	ined for viola	ting the terms of	agreement f	or a tra	vel or cre	edit
Branch	card provided by your employer.						
If Yes to	Provide the name of the agency or company.			Agency (I	ree Te	xt)	
Violation of		Street address	s and City	State and	Zip Co	de or Cou	ıntry
Credit/Travel	Provide the reason(s) for the counseling, warning or disciplinary ac	ction.		Reasons (Free Te	xt)	
Card Terms	Provide the amount (in U.S. dollars) of violation. □ Estimated	Amount (Free Text)					
Cara Terms	Provide a description of any action(s) you have taken to rectify this situation. If you have not Description (Free Text)						
(Multiple taken any action(s) provide explanation.							
Entries	Are there any other instances in the past_last_seven (7) years when			NO			
Allowed)	warned, or disciplined for violating the terms of agreement for a tra	avel or credit	card provided	(Yes adds		(Requi	
Α .1	by your employer?	.1 1 11	4 1	another er		validat	/
meet financial of	y utilizing, or seeking assistance from, a credit counseling service or	otner similar	resource to resol	ve an inabil	ity to	YES	NO
meet iinanciai ot	C	1:4		41			_
Branch	You responded 'Yes' to currently utilizing, or seeking assistance fr resolve an inability to meet financial obligations.	rom, a credit	counseling servic	e or other si	mnar r	esource to)
	Provide explanation (Free Text) Provide the name of the cred	dit counceline	r organization or	racourca	Nor	ne (Free	Toyt)
If Yes to	Provide the phone number of the credit counseling organization.	ant counselling		lumber / Ex		iic (i icc	I CAL)
Seeking Credit	Provide the location of the credit counseling organization.			ity	Sta	te.	
Counseling	As a result of this counseling provide a description of any action(s)) you have tal		escription (
0.5.11.1	resolve your inability to meet financial obligations. If you have not			escription (1100 10)At)	
(Multiple	provide explanation.	tunion uni u	tion(b)				
Entries	Are you currently utilizing, or seeking assistance from any other cr	edit counseli	ng service Y	ES (Yes ad	ds I	NO (Regi	iired
Allowed)	or other similar resource to resolve your inability to meet financial obligations?						
Other than previo	ously listed, have any of the following happened to you? (You will be						
	ems identified below).	1				-	
	tly delinquent on alimony or child support payments.						
• In the pastlast seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well							

- as those for which you were a cosigner or guarantor).

 In the pastlast seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).

 You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you

are a cosigner or	ly definquent on any Federal debt. (Include financial ob	ligations for which you are the sole deb	tor, as well	as those for which you					
are a cosigner or	guarantor).			YES NO					
	You answered 'Yes' to having experienced one or more	re of the previously stated financial issu	es.	<u> </u>					
	Provide the name of agency/organization/individual to		Name (Fr	ee Text)					
	Did/does this financial issue include any of the following	ing: (Check all that apply)							
	☐ You are currently delinquent on alimony or child sup	pport payments.							
	☐ In the pastlast seven (7) years, you had a judgment		obligations	for which you were the					
	sole debtor, as well as those for which you were a cosigner or guarantor).								
	☐ In the pastlast seven (7) years, you had a lien place		2	`					
Branch	financial obligations for which you were the sole debte	· · · · · · · · · · · · · · · · · · ·	0	į,					
If Yes to	☐ You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as								
Having	those for which you are a cosigner or guarantor).			7777					
Financial		1	· ,	YES NO					
Issues	Provide the associated roan / account number(s) involved Loan / account number								
Involving	Identify/describe the type of property involved (if any)		Property type (Free Text) Amount (Free Text)						
Enforcement	ovide the amount (in U.S. dollars) of the financial issue. □ Estimated								
	Provide the reason(s) for the financial issue.			Free Text)					
(Multiple	Provide the current status of the financial issue.		Status (Fr	/					
Entries	Provide the date the financial issue began.	1 1	Date (Esti	/					
Allowed)	Provide date the financial issue was resolved. □ Not re	solved	Date (Esti	/					
	Provide the name of the court involved.	2 11 12		ne (Free Text)					
	Provide the address of the court involved.	Street address and City		Zip Code or Country					
	Provide a description of any action(s) you have taken t		S,	Description (Free Text)					
	frequency and amount of payments, etc.). If you have								
	Other than previously listed, are there any other instan • You are currently delinquent on alimony or child sup	\mathcal{C}							
			obligations	for which you were the					
	• In the pastlast seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).								
	• In the pastlast seven (7) years, you had a lien place		v taxes or o	ther debts (Include					
	financial obligations for which you were the sole debte								
	• You are currently delinquent on any Federal debt. (In								
	those for which you are a cosigner or guarantor).								
	,	YES (Yes adds another entry)	NO (Regu	ired to validate)					

Other than previously listed, have any of the following happened?

- In the pastlast seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the pastlast seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the pastlast seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the pastlast seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the pastlast seven (7) years, you were evicted for non-payment?
- In the pastlast seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
- In the pastlast seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which

you are a cosigner or guarantor) YES NO You answered 'Yes' to having experienced one or more of the previously stated financial issues. Provide the name of agency/organization/individual to which debt is/was owed. Did/does this financial issue include any of the following: (Check all that apply) ☐ In the pastlast seven (7) years you had your possessions or property voluntarily or involuntarily repossessed or foreclosed. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). ☐ In the pastlast seven (7) years you defaulted on any type of loan. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). ☐ In the pastlast seven (7) years you had bills or debts turned over to a collection agency. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). ☐ In the pastlast seven (7) years you had an account or credit card suspended, charged off, or cancelled for failing to pay as agreed. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or ☐ In the pastlast seven (7) years you were evicted for non-payment. ☐ In the pastlast seven (7) years you had wages, benefits, or assets garnished or attached for any reason. ☐ In the pastlast seven (7) years you were over 120 days delinquent on any debt not previously entered. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). ☐ You are currently over 120 days delinquent on any debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). YES NO Provide the associated loan / account number(s) involved. Loan / account number (Free Text) **Branch** Identify/describe the type of property involved (if any). Property type (Free Text) If Yes to Amount (Free Text) Having Provide the reason(s) for the financial issue. Reasons (Free Text) Financial Status (Free Text) Provide the current status of the financial issue. Issues Date (Estimated) Involving Provide the date the financial issue began. Date (Estimated) Routine Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, Description (Free Text) Accounts frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation. Other than previously listed, are there any other instances of the following occurrences? (Multiple Entries • In the pastlast seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed. Allowed) (include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • In the pastlast seven (7) years, you defaulted on any type of loan, (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • In the pastlast seven (7) years, you had bills or debts turned over to a collection agency. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • In the pastlast seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or • In the pastlast seven (7) years, you have been evicted for non-payment. • In the pastlast seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason. • In the pastlast seven (7) years, you have been over 120 days delinquent on any debt not previously entered. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). · You are currently over 120 days delinquent on any debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). YES (Yes adds another entry) NO (Required to validate)

Section 25 – Use of Information Technology Systems

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.

In the last seven (7) years have you illegally or without proper authorization accessed or attempted to access any information YES NO technology system? You responded 'Yes' to having in the last seven (7) years illegally or without proper authorization entered or attempted to enter **Branch** If Yes to into any information technology system. Provide the date of the incident Unauthorized Date (Estimated) Provide a description of the nature of the incident or offense. Description of incident (Free Text) Access Provide the location where the incident took place. Street address and City State and Zip Code or Country

	PRE-DECISIONAL DELIBERATIVE				
* * * * * * * * * * * * * * * * * * *	Provide a description of the action (administrative, criminal or this incident.	other) taken as a result of	Description	(Free Text)	
	Are there any other incidents to report?	YES (Yes adds another entry) NC) (Required to va	alidate)
	7) years have you illegally or without authorization, modified,				
	ng on an information technology system or attempted any of the				
	You responded 'Yes' to having in the last seven (7) years ille				ated, or
	denied others access to information residing on an information Provide the date of the incident	Date (Estimated)	d any of the a	bove.	
	Provide a description of the nature of the incident or offense.	Description of incident (Free	Text)		
	Provide the location where the incident took place.	Street address and City		ip Code or Coun	try
	Provide a description of the action (administrative, criminal or			Description (Fre	
	Are there any other incidents to report? 7) years have you introduced, removed, or used hardware, soft	YES (Yes adds another entry		Required to valid	
technology system any of the above?	without authorization, when specifically prohibited by rules, p	procedures, guidelines, or regula	ations or atten	npted	NO
Branch If Yes to	You responded 'Yes' to having in the last seven (7) years intre- connection with any information technology system without au guidelines, or regulations or attempted any of the above.				es,
	Provide the date of the incident		Date (Es		
	Provide a description of the nature of the incident or offense	T		ion (Free Text)	
Entries	Provide the location where the incident took place.	Street address and City		d Zip Code or Co	
	Provide a description of the action (administrative, criminal or Are there any other incidents to report?	YES (Yes adds another entry		Description (Frequired to validate	
•	Involvement in Non-Criminal Court Action	•) Tio (Reg	uned to varidate	<u>") </u>
	7) years , have you been a defendant in-party to any public reco		ed elsewhere	on YES	NO
this form? alleging	fraud or intentional tortuous conduct? You responded 'Yes' to having been a defendant in-party to an				
	<u>form</u> alleging fraud or intentional tortious conduct in the last s				
Having Non	Provide the date of the civil action Date (Estimated)	Provide the court name		me (Free Text)	
Criminal	Provide the address of the court Provide details of the nature of the action	Street address and City		d Zip Code or Co Free Text)	ountry
Court Actions	Provide a description of the results of the action			(Free Text)	
	Provide the name(s) of the principal parties involved in the cou	irt action.	,	Free Text)	
	Are there any other civil court actions in the last seven (7) year	rs to report? YES		NO	
/		(Yes adds a	nother entry)	(Required to v	validate)
or are dangerous to intimidation or coe Are you now or ha	ployment or, credentialing decision. For the purpose of this que to human life and appear to be intended to intimidate or coerce a precion or to affect the conduct of a government by mass destruction or to affect the conduct of a government by mass destructive you EVER been a member of an organization dedicated to be instant to that and or with the specific intent to further such as	a civilian population to influence tion, assassination or kidnappin terrorism, either with an awaren	ce the policy one		
Branch	You responded 'Yes' to being or EVER having been a men awareness of the organization's dedication to that end, or wi	nber of an organization dedicate			
TOTAL . D.	Provide the full name of the organization.			ation name (Free	Text)
If Yes to Being a Member of a	Provide the address/location of the organization.	Street address and City		d Zip Code or Co	
Terrorist	Provide the dates of your involvement with the organization			ate (Estimated/Pr	resent)
Organization	Provide all positions held in the organization, if any. Provide all contributions made to the organization, if any.	No positions held		ons (Free Text) ibutions (Free Te	avt)
OF ICA FACE	Provide a description of the nature of and reasons for your in			vement (Free Tex	
(Multiple Entries Allowed)	Do you have any other instances of being a member of an or terrorism, either with an awareness of the organization's dec specific intent to further such activities to report?	rganization dedicated to	YES	NO (Requ	uired to
	knowingly engaged in any acts of terrorism?			YES	NO
Branch If Yes	You responded 'Yes' to EVER having knowingly engaged				
Engaging in Terrorism	Describe the nature and reasons for the activity. Provide the dates for any such activities	Nature and reasons (Free T From Date (Estimated)		te (Estimated/Pre	ocant)
(Multiple Entries	Do you have any other instances of knowingly engaging in a		10 Dat	NO	esent)
Allowed)	terrorism to report?	(Yes adds anot	her entry)	(Required to v	alidate)
Have you EVER a	dvocated any acts of terrorism or activities designed to overthr			YES	NO
Branch If Yes to	You responded 'Yes' to having EVER advocated any acts of by force.		ed to overthro	w the U.S. Gove	rnment
Advocating	Provide the reason(s) for advocating acts of terrorism. Provide the dates of advocating acts of terrorism	Reasons (Free Text) From Date (Estimated)	To Dot	te (Estimated/Pre	ecent)
(Multiple Entries Allowed)	Do you have any other instances of advocating acts of terror designed to overthrow the U.S. Government by force to repo	rism or activities YE	S (Yes adds ther entry)		
Have you EVER b	been a member of an organization dedicated to the use of violer	nce or force to overthrow the U	nited States	YES	NO
	which engaged in activities to that end with an awareness of the	e organization's dedication to the	nat end or with	n the	1
specific intent to fu Branch	arther such activities? You responded 'Yes' to having EVER been a member of an	organization dedicated to the	use of violence	ce or force to ove	erthrow
Dianell	the United States Government, and which engaged in activit				
If Yes to being	that end or with the specific intent to further such activities.				
Member of	Provide the full name of the organization.	Organization name (Free 7	Гехt)		

V.5 DKAFI	PRE-DECISIONAL DELIBERATIVE							
Organization	Provide the address/location of the organization.	Street address and	City	State and Zip	Code or Country			
Using Violence	Provide the dates of your involvement with the organization From Date (Estimated) To Date (Estimated/Present)							
to Overthrow the	Provide all positions held in the organization, if any.	Provide all positions held in the organization, if any. No positions held Positions (Free Text)						
U.S. Govt.	Provide all contributions made to the organization, if any. □ N			Contributi	ons (Free Text)			
	Provide a description of the nature of and reasons for your invo	olvement with the org	ganization.	Descriptio	n (Free Text)			
(Multiple Entries	Do you have any other instances of being a member of an orga	Do you have any other instances of being a member of an organization dedicated to the use YES NO						
Allowed)	of violence or force to overthrow the United States Governmen	it, which engaged in		(Yes adds	(Required to			
	activities to that end with an awareness of the organization's de	edication to that end	or with	another entry	validate)			
	the specific intent to further such activities to report?							
	een a member of an organization that advocates or practices com				YES NO			
	rom exercising their rights under the U.S. Constitution or any sta	te of the United State	es with the sp	pecific intent	to			
further such action?								
	You responded 'Yes' to being or EVER having been a member							
	acts of force or violence to discourage others from exercising t	heir rights under the	U.S. Constit	tution or that	of any state of the			
	U.S. with the specific intent to further such action.		(T. T.					
Branch	Provide the full name of the organization.	Organization Nam			0.1.0			
If Yes to Being a	Provide the address/location of the organization. Street address and City State and Zip Code or Country							
Member of	Provide the dates of your involvement with the organization From Date (Estimated) To Date (Estimated/Present)							
Organization	Provide all positions held in the organization, if any. No positions held Positions (Free Text)							
Using Violence	Provide all contributions (in U.S. dollars) made to the organization	tion, if any.	ntributions	Contrib	utions (Free Text)			
(Maddinla Entrica	made							
(Multiple Entries Allowed)	Provide a description of the nature of and reasons for your invo				ment (Free Text)			
Allowed)	Do you have any other instances of being a member of an orga				NO .			
	practices commission of acts of force or violence to discourage			es adds	(Required to			
	their rights under the U.S. Constitution or any state of the Unit	ed States with the sp	ecilic and	other entry)	validate)			
Have you EVED by	intent to further such action to report?	arrammant by fama			YES NO			
	nowingly engaged in activities designed to overthrow the U.S. Government of You responded 'Yes' to having EVER knowingly engaged in			hall Cove				
Branch If Yes to Activities to	Describe the nature and reasons for the activity.	activities designed to	overnirow	Reasons (1				
Overthrow	Provide the dates of such activities.	From Date (H	Tatimated)		stimated/Present)			
(Multiple Entries								
Allowed)	Do you have any other instances of having knowingly engaged in activities YES NO (No adds enother entry) (Required to validate)							
,	designed to overthrow the U.S. Government by force to report? (Yes adds another entry) (Required to validate) associated with anyone involved in activities to further terrorism? YES NO							
Branch If Yes to	associated with anyone involved in activities to further terrorism? YES NO Terrorism Association Detail							
Having	Provide Explanation	Explanation (Free	Tevt)					
Terrorism	1 TOVIGE Explanation	Explanation (Field	I CAL)					
Association								

Additional Comments

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I further affirm that, to the best of my knowledge, I have not included any classified information herein. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying or including classified information may have a negative effect on my, employment prospects, or job status, or my removal and debarment from Federal service.

Signature	Date (mm/dd/yyyy)

v.3 DRAFT PRE-DECISIONAL DELIBERATIVE OUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation or reinvestigation to obtain any information relating to my activities, conduct and character from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, current and historicmy academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal, history record information, and financial and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, or reinvestigation, or performing continuous vetting, to disclose the record of my background-investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a public trust position.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, and the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a public trust position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved suitability-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature	Full name (Type or print legibly)		Date signed (mm/dd/yyyy)
Other names used		Date of birth	Social Security Number

Current street address Apt. #	City (Country)	State	ZIP Code	Home telephone number

v.3 DRAFT PRE-DECISIONAL DELIBERATIVE OUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Section 5 of the Standard Form 85P with the supplemental SF 85P-S, carefully read this authorization to release information about you, then sign and date.

This is an authorization for the investigator to ask your health practitioner (s) the questions below concerning your mental health consultations. The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced traumatic events, as well as for those with other mental health conditions. While most individuals with mental health conditions do not present risks, there may be times when such a condition can affect a person's suitability for positions of public trust with the Federal government. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to your suitability determination. Your signature will allow the practitioner (s) to answer only those questions identified below.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) only the specific questions below concerning any mental health consultations of which the practitioner might be aware. Your signature will allow the practitioner(s) to answer only these questions. Should additional information be required from the health care practitioner, a separate specific release is needed, and you may be contacted for such a release at a later date.

If you are completing the SF 85P, this release will be required in the event information arises in an investigation that requires such further inquiry for resolution and only to resolve such issues.

If you are completing the SF 85P with the supplemental SF 85P S, this release is required if you respond "yes" to the question regarding Your Medical Record.

Authorization

I am seeking assignment to or retention in a public trust position. As part of the investigation process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, and my health practitioner (s) to provide the information requested below, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to my health care provider/entity.the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this authorization release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA Pprivacy Rrule, and that the Federal Government may redisclose the information as authorized by law, subject to Privacy Act safeguards.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full name (Type	or print l	egibly)	Date signed (mm/dd/yyyy)
Other names used			Date of birth	Social Security Number
Current street address Apt. #	City (Country)	State	ZIP Code	Home Ttelephone number

v.3 DRAFT PRE-DECISIONAL DELIBERATIVE **QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS**

UNITED STATES OF AMERICA FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) ability to perform contractual service for the Federal government, and/or (3) eligibility for a public trust position.

The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my initial background investigation and reinvestigation, or my eligibility for a public trust position, to request, and any consumer reporting agency to provide, the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we willmay not be able to access the information necessary to complete omplete your investigation, which can adversely affect your eligibility for a public trust position. To avoid such delays, you-should expeditiously respond to any request made to release the credit freeze for the purposes as described above may want to consider requesting that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

<u>Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a public trust position.</u>

Print name	Social Security Number
Signature	Date (mm/dd/yyyy)